

Tel: 021-9711634 Fax: 021-8698699

Email: dekopje@lafrika.com

P O Box 2011, Windmeul, 7630 South Africa

COMPANY PARTICULARS

Registered Name of Company	
Trading Name	
Company Registration Number	Vat Reg No
Type of Business	Email
Telephone No	Fax No
Postal Address	Code
Physical Address	Code

PARTICULARS OF DIRECTORS/MEMBERS/PARTNERS (Delete which is not applicable)

Full Name	Identity Number	Telephone Number

BANK PARTICULARS

Name of Bank
Area / Branch
Type of Account
Account Number

TRADE REFERENCES (3 Required)

Company	Contact Person	Telephone Number

Approximate amount of credit required per month: _____

Please note that our payment terms are 30 (thirty) days nett from date of statement.

I, _____ (full name), in my capacity as _____ hereby declare that the information provided in this application is true, correct and up to date and that I am authorized to represent and bind the applicant in this application.

Signed at _____

Date _____

Signature _____